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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Mail Stop RCE
P. O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/625,108
Filing Date	25 July 2000
First Named Inventor	S. D. Barnes, et al
Art Unit	3623
Examiner Name	A. K. Robinson- Boyce
Attorney Docket No.	END920000026US1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. SUBMISSION REQUIRED UNDER 37 CFR §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on **. (Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on *****.
- iii. ☐ Other
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Information Disclosure Statement (IDS)
- iii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1/103(c) for a period of ** months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR §1.17(i) required).
- b. ☐ Other

3. FEES

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to IBM Corporation Deposit Account No. 09-0457
- i. ☒ RCE fee required under 37 CFR §1.17(e)
- ii. ☐ Extension of time fee (37 CFR §§1.136 and 1.17)
- iii. ☐ Other
- b. ☐ Check in the amount of \$ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature	<u>Shelley M Beckstrand</u>	Date	27 July 2004
Name	SHELLEY M BECKSTRAND	Registration No.	24,886

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature	<u>Shelley M Beckstrand</u>	on Date	28 July 2004
Name	SHELLEY M BECKSTRAND		

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